

U.S. DISTRICT COURT - N.D. OF N.Y.
FILED
MAR 16 2010
AT O'CLOCK
Lawrence K. Baerman, Clerk - Syracuse

JERRICK ALLISON)
Plaintiff(s))
vs.)
DR. WEISSMAN)
DR. GOULDING)
DR. LESTER WRIGHT)
Defendant(s))

INMATE
CIVIL
RIGHTS
COMPLAINT
PURSUANT TO
42 U.S.C. § 1983

Civil Case No.: 9: 10-CV-304

Plaintiff(s) in the above-captioned action, allege(s) as follows:

JURISDICTION

1. This is a civil action seeking relief and/or damages to defend and protect the rights guaranteed by the Constitution of the United States. This action is brought pursuant to 42 U.S.C. § 1983. The Court has jurisdiction over this action pursuant to 28 U.S.C. §§ 1331, 1343(3) and (4) and 2201.

PARTIES

2. Plaintiff: JERRICK ALLISON
Address: ORLEANS Correctional Facility
3531 Gaines Basin Road
ALBION, NEW YORK
14411-9199

Additional Plaintiffs may be added on a separate sheet of paper.

3. a. Defendant: DR. WEISSMAN
Official Position: Facility Health Care Director
Address: UPSTATE Correctional Facility
309 BEAR Hill Road
MAITONE, NEW YORK 12953

b. Defendant: DR. GOULDING

Official Position: FACILITY DOCTOR

Address: Mid-Orange Correctional Facility
900 Kings Highway
WARWICK, NEW YORK
10990-0900

c. Defendant: DR. LESTER WRIGHT

Official Position: Deputy Commissioner/Chief Medical Officer

Address: DEPARTMENT OF CORRECTIONAL SERVICES
THE HARRIMAN STATE CAMPUS
1220 Washington Ave Albany, N.Y. 12226-
2050

Additional Defendants may be added on a separate sheet of paper.

4. PLACE OF PRESENT CONFINEMENT

a. Is there a prisoner grievance procedure at this facility?

Yes No

b. If your answer to 4(a) is YES, did you present the facts relating to your complaint in this grievance program?

Yes No

If your answer to 4(b) is YES:

(i) What steps did you take?

wrote Nursing Administration

wrote Facility Health, Care Director

(ii) What was the final result of your grievance?

DENIED

If your answer to 4(b) is NO:

Why did you choose to not present the facts relating to your complaint in the prison's grievance program?

c. If there is no grievance procedure in your institution, did you complain to prison authorities about the facts alleged in your complaint?

Yes No

If your answer to 4(c) is YES:

(i) What steps did you take?

(ii) What was the final result regarding your complaint?

If your answer to 4(c) is NO:

Why did you choose to not complain about the facts relating to your complaint in such prison?

5.

PREVIOUS LAWSUITS

a. Have you ever filed any other lawsuits in any state and federal court relating to your imprisonment?

Yes No

b. If your answer to 5(a) is YES you must describe any and all lawsuits, currently pending or closed, in the space provided on the next page.

For EACH such lawsuit, provide the following information:

i. Parties to previous lawsuit:

Plaintiffs:

Defendants:

ii. Court (if federal court, name District; if state court, name County):

iii. Docket number: _____

iv. Name of Judge to whom case was assigned:

v. Disposition (dismissed? on appeal? still pending?)

vi. Approximate date of filing prior lawsuit:

vii. Approximate date of disposition:

6.

FACTS

Set forth the facts of your case which substantiate your claim of violation of your civil and/or Constitutional rights. List the events in the order they happened, naming defendants involved, dates and places.

Note: You must include allegations of wrongful conduct as to EACH and EVERY defendant in your complaint. (You may use additional sheets as necessary.)

I arrived at O.C.F. 12.14.09. Saw medical STAFF Complaining of Pain in Hip and KNEE. Dr. Douglas Sent me for MRI on 12/13/10. MRI Showed Serious damage to Hip Socket, KNEE and Titanium rod broken. He Sent me to OrthoRadic Doctor at Wende Coll. Fac. 12.25.10 Dr. told me I had SEVERELY damaged my hip and needed hip replacement Surgery, and the titanium rod in my left leg was broken in several places, and had slipped down into my knee causing the knee pain. I was confined at Lakeview SHU from 10.8.09 until 12.14.09. While at Lakeview I constantly complained of Pain in my hip and knee. I, wrote Facility Dr. requesting OrthoRadic visit and evaluation, my request unanswered. So, I remained in Pain and dealt with it. I, was confined at Fishkill SHU from

Left. hip and knee. Saw Dr. Sullivan 10.1.09 she ordered Physical Therapy but I was transferred to LAKEVIEW SHU 10.8.09 Physical Therapy was never started. I arrived at mid-orange Corr. Fac. 1.20.09 while there from 1.20.09 until 9.14.09 I've constantly complained of pain in my left hip and knee. I requested on numerous occasions to see an

7.

CAUSES OF ACTION

Note: You must clearly state each cause of action you assert in this lawsuit.

FIRST CAUSE OF ACTION

I requested to see Orthopedic, numerous times at upstate Corr. Fac. Facility health care provider didn't never initiated the proper actions to make that possible. I, constantly complained of pain and the need for medications and Orthopedic treatment.

SECOND CAUSE OF ACTION

I requested to see Orthopedic Doctor at mid-Orange Corr. Fac. Dr. Goulding constantly denied this opportunity, and he changed the medication prescribed at upstate Correctional Facility, which worked just fine. I, grieved both issues.

THIRD CAUSE OF ACTION

I, consistently wrote to Dr. Wright in Albany, asking for his assistance, getting to the Orthopedic Doctor. It appears he didn't intervene to assist me in getting the Orthopedic appointment at any stage of my complaint.

an Orthopedic Surgeon, the Facility Health Care Provider Dr. Goulding, constantly told me NO, I couldn't see One. They took Numerous X-Rays at mid-orange. I went to Green Haven Corr. Fac. to see Podiatrist 7.22.09 he told me again No Orthopedic Visit was Necessary. He recommended that I be Prescribed Pain medication which I never received. DR. visit at Facility 5.13.09 DR. Zamalus issued Pain medication DR. APPMT. 5.1.09 again Complained of Constant Pain and ~~need~~ to see Orthopedic, request denied. Grievance medical many times on this same issue. DR. APPMT follow up to X-Rays 4.13.09 DR. told me Arthritis was causing me the Pain, I didn't agree with assessment one bit. Filed grievance to get Medical Sneakers from home 4.7.09. Filed grievance on medication denied; filed

ON 3.18.09 saw Orthotics on 3.17.09 fitted for elevated boots, and my own personal sneaker. DR. APPMT also on 3.18.09 requested once again to see Orthopedic, request denied again. wrote DR. Wright 3.7.09 Complaining of my not being able to see Orthopedic Doctor. X-Ray information returned 3.5.09 DR. APPMT 2.27.09 again Complaining of Pain in hip and knee. wrote DR. Wright 2.4.09 Arrived at mid-orange Corr. Facility 1.20.09 from Ulster Corr where we were in transit from upstate Corr. Fac. 1.16.09

Arrived at upstate Corr. Fac 8.15.07 remained there until 1.16.09 while there I constantly complained of Severe Pain in my left hip and knee. Filed numerous grievances there regarding need to see Orthopedic Doctor, and be issued Pain medication. My requests to see Orthopedic were met with denial, for whatever reasons. Wrote DR. Wright regarding

medical Condition and my Urgent Need to see an Ortho-Pedic Doctor, his reply was to Speak with Health Care Provider, who in turn Suggested me to Sick Call. I took Numerous X-Rays at upstate dates I can't remember. I, wrote Dr. Weissman and Nurses' Administrator requesting to See Orthopedic Doctor, but again my request went unanswered. I, arrived at upstate Corr. Fac. 8-15-09 from Downstate Corr Fac. where I came to reception 7-30-09 and stayed there until 8-15-09. The Dr. at Downstate gave me my elevated Shoes back, that Loc had taken away. He issued me Pain medication that helped relieve the Pain. I, asked him if I could see an Orthopedic Doctor? He said I could, but, I was transferred to upstate Correctional Facility before the appointment was made. I, believe if I had been able to see an Orthopedic Doctor from the outset, the damage, Pain and Suffering would have been minimized considerably. I, believe hip replacement wouldn't be necessary and I wouldn't have been in constant Pain for as long as I've been. A NON UNION OF THE FEMUR bone should have been a situation, that demanded Medical attention, long before now.

8. Plaintiff(s) demand(s) a trial by

Jury -or- Court

(Circle only one).

9. PRAYER FOR RELIEF

WHEREFORE, plaintiff(s) request(s) that this Court grant the following relief:

That I be Compensated for the Pain
and Suffering I was subjected to, as a
result of not getting to the Orthopedic
Doctor, before the damage to my hip was
done. Perform appropriate Surgery, fuse Femur so Non-
Union no longer exists, remove broken hardware, lengthen leg
some so I'll be able to walk without aide of cane or crutches.
I declare under penalty of perjury that the foregoing is true and correct.

DATED: 3.7.10

Mr. Leistik Allison

Signature of Plaintiff(s)
(all Plaintiffs must sign)